FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

139521 OMB APPROVAL

OMB Number: 3235-0076 Expires: March 30, 2008 Estimated average burden hours per form......1

| SEC USE ONLY | | | | |
|--------------|---------|--|--|--|
| Prefix | Serial | | | |
| | | | | |
| DATE RE | ECEIVED | | | |
| | | | | |

| Name of Offering (check if this is an a | imendment and name has change | d, and indicate change.) | | | | |
|---|----------------------------------|-----------------------------|------------------|----------------------------------|---------------------------------------|--|
| Limited Partnership Interests in Four I | Rivers Partners, L.P. (the "Part | nership") | | | | |
| Filing Under (Check box(es) that apply): | ☐ Rule 504 | ☐ Rule 505 | 🖪 Rule 506 | Section 4(6) | ULOE | |
| Type of Filing: | | ☐ New Filing | X | Amendment | | |
| | A. BASI | C IDENTIFICATION D | ATA | PROCE | SSED | |
| 1. Enter the information requested about | it the issuer | <u> </u> | | | | |
| Name of Issuer (check if this is an amount | endment and name has changed, | and indicate change.) | - | JUN U 8 | 2007 | |
| Four Rivers Partners, L.P. | | | | | 2011 | |
| Address of Executive Offices | (Number and Str | ect, City, State, Zip Code | Telephone Number | (Including Area Code | SUN | |
| 2441 Fillmore Street, Ste. 2 San Francisco, CA 94115 415-250-4643 FINANCIAL | | | | | | |
| Address of Principal Business Operations | Telephone Number | (Inc | | | | |
| (if different from Executive Offices) | | | | 1 (1 (1) (1) (1) (1) | | |
| Brief Description of Business | | · | | | JJ 2/42 1003 2/42 1140 2/3/414 | |
| Venture capital investment partnership | | | | | | |
| Type of Business Organization | | | | - introducing the Color | IN DINIS CUITO DINIS KISUL DIDI VILIS | |
| □ corporation | 🗷 🗷 limited partnership, alrea | dy formed | □ other: | 070 | 66614 | |
| ☐ business trust | ☐ limited partnership, to be for | ormed | | | | |
| | | <u>Month</u> | Year | | | |
| Actual or Estimated Date of Incorporation | or Organization: | 03 | 2007 | Actual E | T. Carlamand | |
| Jurisdiction of Incorporation or Organizat | ion: (Enter two-letter 11.9. Do | stal Service abbreviation | _ | A Actual L |] Estimated | |
| sansaiction of meorporation of Organizat | | other foreign jurisdiction) | DI | Е | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: 15xe (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new tiling must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

| Check Boxes that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ⊠ General Partner of the Partnership (the "General Partner") |
|---------------------------------|--|--|---------------------|------------|---|
| FSL Capital, L | | | , | | |
| | idence Address (Number and Street, Ste. 2 San Francisco | | * | | |
| Check Boxes that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | Managing Member of the General Partner |
| Full Name (Last Farouk Ladha | name first, if individual) | | | | |
| | idence Address (Number and Street, Ste. 2 San Francisco | Street, City, State, Zip Code) , CA 94115 | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☑ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ Other |
| Full Name (Las Weismann Ass | name first, if individual) ociates, LP | | | | |
| | idence Address (Number and rect, 30th Floor New York | | | | |
| Check Boxes that Apply: | ☐ Promoter | ■ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ Other |
| | name first, if individual) Partners H, LP | | | | |
| | idence Address (Number and d., #445 Chapel Hill, NC 2 | | | | |
| Check Boxes that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ Other |
| Full Name (Last | name first, if individual) | | | | |
| Business or Res | idence Address (Number and | Street, City, State, Zip Code) | · | | • |
| Check Boxes that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | Other |
| Full Name (Last | name first, if individual) | | | | |
| Business or Res | dence Address (Number and | Street, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ Other |
| Full Name (Last | name first, if individual) | | | | |
| Business or Res | dence Address (Number and | Street, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ Other |
| Full Name (Last | name first, if individual) | | | | |
| Business or Res | dence Address (Number and | Street, City. State. Zip Code) | | | |
| | | | | | |

| | | | | В | . INFORM | ATION AB | OUT OFFE | RING | | | | |
|----------------|--|-------------------------------------|--------------------------------|-------------------------------|-------------------------------|--------------|--------------|--------------------|-----------------|------------------|----------------|---------------|
| 1. E | Has the issuer sold, o | r does the issu | er intend to | | | | | under ULOF | | | Yes N | o <u>X</u> |
| 2. V | 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | | | |
| 3. L | Does the offering per | mit joint own | ership of a si | ngle unit? | ••••• | | | | | | Yes <u>X</u> N | o |
| S | Enter the information of purchasers in conn SEC and/or with a sta rou may set forth the | ection with sa ite or states, li | les of securi st the name (| ties in the o of the broke | ffering. If a r or dealer. | person to be | listed is an | associated pe | rson or agent o | of a broker or | dealer regist | ered with the |
| Full N | lame (Last name first | t, if individual |) | | | | | | | | | |
| Busin | ess or Residence Ado | dress (Number | r and Street, | City, State. | Zip Code) | | | | | | - | |
| Name | of Associated Broke | er or Dealer | | | | | | | | | | |
| States | in Which Person Lis | sted Has Solic | ited or Inten | ds to Solici | 1 Purchasers | | | | | | | |
| | k "All States" or che | ck individuat | | | | | | | | | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | (DE) | [DC] | [FL] | [GA] | (HI) | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | (OH) | {OKJ | (OR) | [PA] |
| [R1] Full N | [SC] fame (Last name first | [SD] i, if individual | [TN] | [TX] | [UT] | [VT] | [VA] | IVAI | [WV] | [WI] | [WY] | [PR] |
| Busin | ess or Residence Ado | dress (Number | r and Street, | City, State, | Zip Code) | | | | | | | |
| Name | of Associated Broke | er or Dealer | | | | | | | | | | |
| States | in Which Person Lis | sted Has Solic | ited or Inten | ds to Solici | Purchasers | | · · · · | | | | | |
| (Chec | k "All States" or che | ck individual | States) | | | | | **************** | ••••• | **************** | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | {OH} | {OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [VA] | [WV] | [WI] | [WY] | [PR] |
| Full N | lame (Last name firs | t, if individual |) | | | | • | | | | | |
| Busin | ess or Residence Ado | dress (Number | r and Street, | City, State. | Zip Code) | | | | | | | |
| Name | of Associated Broke | er or Dealer | | | | | | | | | | |
| States | in Which Person Lis | sted Has Solic | ited or Inten | ds to Solici | Purchasers | | | | | | | |
| | k "All States" or che | | | | | | | ****************** | | | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | (HI) | (ID) |
| [IL] | [NI] | (IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | INEI | [NV] | [NH] | [נא] | [NM] | [NY] | [NC] | [ND] | [ОН] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [VA] | [WV] | [WI] | [WY] | [PR] |

[WV]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. transaction is an exchange offering, check this box \(\precedef \) and indicate in the columns below the amounts of the | Enter "0" if answer is "no e securities offered for exc | ne" or "zero." If the hange and already exchanged |
|----|---|--|--|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | \$ | s |
| | Equity | \$ | s |
| | Common Preferred | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | \$ 16,250,000.00 | \$ 16,250,000,00 |
| | Other (Specify:) | \$ | \$ |
| | Total | \$ 16,250,000.00 | \$ 16,250,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number | Aggregate |
| | | Investors | Dollar Amount |
| | | | of Purchases |
| | Accredited Investors | 30 | \$ 16,250,000.00 |
| | Non-accredited Investors | 0 | \$ |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question t. | | |
| | | Type of | Dollar Amount |
| | | Security | Sold |
| | Type of Offering | | |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | o | S |
| | Logal Fees | | \$ |
| | Accounting Fees | 0 | \$ |
| | Engineering Fees | 0 | \$ |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (Specify) | | \$ |
| | Total | 0 | \$ |

| O OPPORTED BY OF ANIMADED OF IN | Unottone Evdengee And USE OF BROCEEDS | |
|---|---|---|
| b. Enter the difference between the aggregate offering price given in a furnished in response to Part C – Question 4.a. This difference is the | vestors, expenses and use of proceeds response to Part C - Question 1 and total expenses he "adjusted gross proceeds to the issuer" | \$ 16,250,000.00 |
| Indicate below the amount of the adjusted gross proceeds to the issuer used If the amount for any purpose is not known, furnish an estimate and check t payments listed must equal the adjusted gross proceeds to the issuer set fort | the box to the left of the estimate. The total of the | |
| | Payment to Officers, Directors, & Affiliates | Payment To Others |
| Salaries and fees | s | □ s |
| Purchase of real estate | | □ s |
| Purchase, rental or leasing and installation of machinery and equipment | | □ s |
| Construction or leasing of plant buildings and facilities | | □ s |
| Acquisition of other businesses (including the value of securities involved in this in exchange for the assets or securities of another issuer pursuant to a merger) | s offering that may be used | |
| Repayment of indebtedness | s | □ \$ |
| Working capital (a portion of the working capital will be used to pay variou the life of the Partnership, payable to the General Partner) | | x \$ 16,250,000.00 |
| Other (specify): | | □ \$ |
| | | |
| Column Totals | - | |
| Total Payments Listed (column totals added) | | ,250,000.00 |
| | | |
| D. FEDE | RAL SIGNATURE | |
| The issuer had duly caused this notice to be signed by the undersigned duly auth an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comnon-accredited investor pursuant to paragraph (b)(2) of Rule 502. | norized person. If this notice is filed under Rule 505, the formission, upon written request of its staff, the information f | llowing signature constitutes furnished by the issuer to any |
| , , , , , | Signature | Date May 46, 2007 |
| Four Rivers Partners, L.P. | for h | May, 2007 |
| · · · · · · · · · · · · · · · · · · · | Title of Signer (Print or Type) | |
| | Managing Member of FSL Capital, LLC, which serves Four Rivers Partners, L.P. | as the General Partner of |
| | | |

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNATURE | | | | | |
|----|--|------------|------------|--|--|--|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No 🗷 | | | |
| | See Appendix, Column 5, for state response. | | | | | |
| 2. | The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 c times as required by state law. | CFR 239.50 | 0) at such | | | |

- The undersigned issuer hereby undertakes to furnish to any state administrators, upon written request, information furnished by the issuer to offerees.
- The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized

| Issuer (Print or Type) | Signature Date |
|----------------------------|--|
| Four Rivers Partners, L.P. | Fay L. May 16, 2007 |
| Name (Print or Type) | Title (Print or Type) |
| Farouk Ladha | Managing Member of FSL Capital, LLC, which serves as the General Partner of Four Rivers Partners, L.P. |
| | |

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.